ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	Dr		11/29/01
			1 1 1 1 0 1

INDEX OF CLAIMS

~	Rejected	N Non-el	ected
	Allowed	IInterfe	
	(Through numeral) Canceled	A Appeal	
÷	Restricted	O Objects	

	÷	Restricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
Final Original (44)/02		Final Original		la	Date
	+++++	<u> </u>		Final Origin	
2		51 52		101	
3		53		102	
4		54	+++++	103	
5		55		104	-
6		56		105	+++
7		57	 	106	
8		58		108	
9		59		109	
10		60		110	╅
11		61		111	
12		62		112	
13		63		113	
	+++++	64		114	
16		65		115	
17	 	66		116	
1B	++++	67		117	
1В	+	68		118	
20	+	69		119	
171 - 1 - 1 - 1 -	++++	70		120	TTTT
22	++++	71		121	
23	 	72		122	
24		73	 - - - - - - - - - - - - - - - - - - -	123	
25		74 75		124	
26			 	125	
27	+ + + + + 	76		126	
28	 	78		127	
29	 	79	+++++	128	
30	 	80	 	129	
31		81		130	
32		82	++++	131	+++
33		83	 	132	
34		84	 - - - - 	133	
35		85		135	+
36		86		136	
37		87		137	╂╌╂╌┼╌┼
38		88	 	138	
39		89		139	
40		90		140	
41		91		141	+++
42		92	╶ ┼┼┼┼┤┤	142	
43		93	┤┤┤┤ ┤	143	
44		94	╼┼═┼═┼═┼═┼	144	
45		95	─┼─┼─┼─┤ ┤│	145	
46		96	─├─┼─┼─┤	146	 -
47		97		147	- - -
48		98	- - - - - - - - - - - - - - - - - - - 	148	
49		99	┤ ┼┼┼┤ ┝	149	- - - -
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here